

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF COMPLIANCE**

LABORATORY NAME AND ADDRESS
FLORIDAS BLOOD CENTER-OCALA
1051 SW 1ST AVE
OCALA, FL 34474

CLIA ID NUMBER
10D0272775

EFFECTIVE DATE
11/18/2008

LABORATORY DIRECTOR
RICHARD R GAMMON MD

EXPIRATION DATE
11/17/2010

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. Yost

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

78 certs2_012409

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
ABO & RH GROUP (510)	11/18/2008
ANTIBODY TRANSFUSION (520)	11/18/2008
ANTIBODY IDENTIFICATION (540)	11/18/2008
COMPATIBILITY TESTING (550)	11/18/2008

LAB CERTIFICATION (CODE) EFFECTIVE DATE



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.